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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/246,129	02/08/1999	GUO-LIANG YU	PF141P4	5810	

TITLE OF INVENTION: TUMOR NECROSIS FACTOR-GAMMA

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PUE	PUBLICATION FEE	TOTAL F	TOTAL FEE(S) DUE \$1630		UE
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ROMEO,	DAVID S	1647		530-324000			•	
 L. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on t names of up to 3 agents OR, alternat firm (having as a r agent) and the nam attorneys or agents will be printed.	registered pate sively, (2) the na member a register ses of up to 2 r	ent attorneys or ame of a single ered attorney or egistered patent	1 <u>Human</u> 23	Genome Sc	iences
	PRESIDENCE DATA TO Be an assignee is identified be do to the USPTO or is being the	low, no assignee da submitted under sep	•	patent. Inclusion on of this form is		s only approp for filing an a	oriate when an ass ssignment.	ignment has
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lease check the appropriate	e assignee category or catego	ries (will not be pri	inted on the patent);	☐ individual	S corporation or	other private	group entity 🚨	government
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☑ Issue Fee			A check in the amo	unt of the fee(s) i	is enclosed.			
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(Authorized Signature)	$\overline{}$	11/		(Date)		
(Authorized Signature) Lin J. Hymel	(Reg.	No. 145	,414)	9 Febru	any 200	Ÿ
NOTE; The Issue Fee ar other than the applicant; interest as shown by the r	nd Publica a registe	ation Fee (if ered attorney	required) v or agent;	vill not be ac or the assign	cepted from a see or other pa	nyone

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Date

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(Form updated to reflect FY 2004 fees effective 10/1/03) Complete if Known FEE TRANSMITTAL 09/246,129-Conf. #5810 **Application Number** February 8, 1999 Filing Date for FY 2004 Guo-Liang Yu First Named Inventor Effective 10/01/2003, Patent fees are subject to annual revision. Examiner Name D. Romeo 1647 Applicant claims small entity status. See 37 CFR 1.27 Art Unit PF141P4 **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. (\$) 1.645.00 METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money 3. ADDITIONAL FEES Other None Check Deposit Account: Х Large Entity Small Entity Deposit 08-3425 Account Number Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid Deposit 1051 130 2051 65 Surcharge - late filing fee or oath Human Genome Sciences, Inc. Account Surcharge - late provisional filing fee or cover 1052 50 2052 25 The Director is authorized to: (check all that apply) sheet X Charge fee(s) indicated below X Credit any overpayments 1053 130 1053 130 Non-English specification Charge any additional fee(s) during the pendency of this application 1812 2.520 1812 2.520 For filing a request for ex parte reexamination Requesting publication of SIR prior to 1804 920* 1804 9201 Charge fee(s) indicated below, except for the filing fee Requesting publication of SIR after to the above-identified deposit account 1805 1,840 1805 1.840* Examiner action FEE CALCULATION 1251 110 2251 55 Extension for reply within first month 1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within second month 475 Large Entity Small Entity 1253 950 2253 Extension for reply within third month Fee Fee Paid Fee **Fee Description** 1254 2254 1,480 740 Extension for reply within fourth month Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee 1255 2.010 2255 Extension for reply within fifth month 1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal 1402 1003 530 2003 265 Plant filing fee 330 2402 Filing a brief in support of an appeal 1004 1403 290 2403 Request for oral hearing 770 2004 385 Reissue filing fee 1005 160 2005 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) 0.00 1453 1.330 2453 665 Petition to revive - unintentional 1,330.00 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue) Extra Fee from 1502 480 2502 240 Design issue fee Fee Paid Claims below Total Claims -20** 1503 640 2503 320 Plant issue fee Independent 1460 1460 Petitions to the Commissioner 130 130 Processing fee under 37 CFR 1.17(q) 1807 50 1807 50 Multiple Dependent 180 1806 Submission of Information Disclosure Stmt 1806 180 Large Entity **Small Entity** Recording each patent assignment per Fee Description 8021 40 8021 40 (\$) Code (\$) Code property (times number of properties) Filing a submission after final rejection 1202 18 2202 Claims in excess of 20 1809 770 2809 385 (37 ČFR 1.129(a)) 1201 86 2201 43 Independent claims in excess of 3 For each additional invention to be 1810 770 2810 385 1203 290 2203 145 Multiple dependent claim, if not paid examined (37CFR 1.129(b)) 1204 Reissue independent claims Request for Continued Examination (RCE) 86 2204 43 1801 770 2801 385 over original patent Request for expedited examination 1802 900 1802 900 1205 18 2205 9 Reissue claims in excess of 20 of a design application Printed copy of patent w/o color: Publication and over original patent 8001 315.00 Other fee (specify) fee for early, voluntary, or normal 1504 publication SUBTOTAL (2) (S) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,645.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. Name (Print/Type) Lin J. Hymel 45,414 Telephone (301) 251-6015 (Attorney/Agent)

Signature